

JULY
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Title: All-Lag Spread Spectrum Correlator

Please type a plus sign (+) inside this box +

PTO/SB/05 (4/98)

Applicable for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. 609920600005

First Inventor or Application Identifier Cheng, et al.

Title (see above)

Express Mail Label No. EE836828192US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

- | | | | |
|---|---|---|--|
| 1. <input checked="" type="checkbox"/> | * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing) | 5. <input type="checkbox"/> | Microfiche Computer Program (Appendix) |
| 2. <input checked="" type="checkbox"/> | Specification [Total Pages 19]
(preferred arrangement set forth below) | 6. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary) | a. <input type="checkbox"/> Computer Readable Copy |
| | - Descriptive title of the Invention | b. <input type="checkbox"/> Paper Copy (identical to computer copy) | c. <input type="checkbox"/> Statement verifying identity of above copies |
| | - Cross References to Related Applications | | |
| | - Statement Regarding Fed sponsored R & D | | |
| | - Reference to Microfiche Appendix | | |
| | - Background of the Invention | | |
| | - Brief Summary of the Invention | | |
| | - Brief Description of the Drawings (if filed) | | |
| | - Detailed Description | | |
| | - Claim(s) | | |
| | - Abstract of the Disclosure | | |
| 3. <input checked="" type="checkbox"/> | Drawing(s) (35 U.S.C. 113) [Total Sheets 5] | 7. <input type="checkbox"/> | Assignment Papers (cover sheet & document(s)) |
| 4. Oath or Declaration | [Total Pages] | 8. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of
(when there is an assignee) <input type="checkbox"/> Attorney | |
| a. <input type="checkbox"/> | Newly executed (original or copy) | 9. <input type="checkbox"/> English Translation Document (if applicable) | |
| b. <input type="checkbox"/> | Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed) | 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS
Citations | |
| i. <input type="checkbox"/> | DELETION OF INVENTOR(S)
Signed statement attached deleting
inventor(s) named in the prior application,
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). | 11. <input type="checkbox"/> Preliminary Amendment | |
| 12. <input type="checkbox"/> Return Receipt Postcard (MPEP 503)
(Should be specifically itemized) | | | |
| 13. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application,
(PTO/SB/09-12) Status still proper and desired | | | |
| 14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s)
(if foreign priority is claimed) | | | |
| 15. <input checked="" type="checkbox"/> Other: Priority claimed on
U.S. Provisional Appln. No. 60/141,777 filed 06/30/99 | | | |

*NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

Continuation Divisional Continuation-in-part (CIP) of prior application No. /

Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label or Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	David B. Cochran		
Address	North Point 901 Lakeside Avenue		
City	Cleveland	State	Ohio
Country	US	Telephone	(216) 586-3930
Zip Code	44114		
Fax	(216) 579-0212		

Name (Print/Type)	David B. Cochran	Registration No. (Attorney/Agent)	39,142
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Signature	David B. Cochran	Date	6/30/00
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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

06/30/00
U.S.P.T.O.
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FEE TRANSMITTAL

for FY 2000

Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$ 384

Complete if Known

Application Number	
Filing Date	
First Named Inventor	Cheng, et al.
Examiner Name	
Group / Art Unit	
Attorney Docket No.	609920600005

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number

Deposit Account Name

 Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.172. Payment Enclosed:
 Check Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity
Fee Fee Fee Fee Fee Description
Code (\$) Code (\$) Code (\$) Code (\$)

Fee	Fee	Fee	Fee	Fee Description	Fee Paid
101 690	201 345	Utility filing fee	345		
106 310	206 155	Design filing fee			
107 480	207 240	Plant filing fee			
108 690	208 345	Reissue filing fee			
114 150	214 75	Provisional filing fee			

SUBTOTAL (1) (\$ 345

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
19	-20*	0	0
Independent Claims	4	- 3**	3
Multiple Dependent		0	

*or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

Fee	Fee	Fee	Fee	Fee Description
Code (\$)	Code (\$)	Code (\$)	Code (\$)	
103 18	203 9	Claims in excess of 20		
102 78	202 39	Independent claims in excess of 3		
104 260	204 130	Multiple dependent claim, if not paid		
109 78	209 39	** Reissue independent claims over original patent		
110 18	210 9	** Reissue claims in excess of 20 and over original patent		

SUBTOTAL (2) (\$ 39

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath			
127 50	227 25	Surcharge - late provisional filing fee or cover sheet			
139 130	139 130	Non-English specification			
147 2,520	147 2,520	For filing a request for reexamination			
112 920*	112 920*	Requesting publication of SIR prior to Examiner action			
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action			
115 110	215 55	Extension for reply within first month			
116 380	216 190	Extension for reply within second month			
117 870	247 435	Extension for reply within third month			
118 1,360	218 680	Extension for reply within fourth month			
128 1,850	228 925	Extension for reply within fifth month			
119 300	219 150	Notice of Appeal			
120 300	220 150	Filing a brief in support of an appeal			
121 260	221 130	Request for oral hearing			
138 1,510	138 1,510	Petition to institute a public use proceeding			
140 110	240 55	Petition to revive - unavoidable			
141 1,210	241 605	Petition to revive - unintentional			
142 1,210	242 605	Utility issue fee (or reissue)			
143 430	243 215	Design issue fee			
144 580	244 290	Plant issue fee			
122 130	122 130	Petitions to the Commissioner			
123 50	123 50	Petitions related to provisional applications			
126 240	126 240	Submission of Information Disclosure Stmt			
581 40	581 40	Recording each patent assignment per property (times number of properties)			
146 690	246 345	Filing a submission after final rejection (37 CFR § 1.129(a))			
149 690	249 345	For each additional invention to be examined (37 CFR § 1.129(b))			

Other fee (specify) _____

Other fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	David B. Cochran	Registration No. (Attorney/Agent)	39,142	Telephone	(216) 586-3939
Signature	David B. Cochran				
Date	6/30/00				

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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